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CONFIRMATION NO. 5822

SERIAL NUMBER 09/940,933	FILING DATE 08/28/2001 RULE	CLASS 252	GROUP ART UNIT 1712	ATTORNEY DOCKET NO. C6611(V)	
APPLICANTS Feng-Lung Gordon Hsu, Tenafly, NJ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance		STATE OR COUNTRY NJ	SHEETS DRAWING	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS 000201					
TITLE Detergent or personal care composition with oil capsules					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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CONFIRMATION NO. 5822

SERIAL NUMBER 09/940,933	FILING OR 371(c) DATE 08/28/2001 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. C6611(V)	
APPLICANTS Feng-Lung Gordon Hsu, Tenafly, NJ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS 201					
TITLE Detergent or personal care composition with oil capsules					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		